

**A Public Document**

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Managed Risk Medical Insurance Board		Date Stamp 10 JAN 26 PM 1:50	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region (if applicable)</b> Street Address 1000 G Street, Suite 450 ; Sacramento, CA 95814			
<b>Area Code/Phone Number</b> (916) 324-4695	<b>E-mail</b> drushton@mrmib.ca.gov		
<b>Agency Contact (name and title)</b> Diana Rushton, Filing Officer		<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

☒ Individual      Hearn      Mike/Carol      ☐ Other      \_\_\_\_\_  
Last Name      First Name      Name

18303 Yucca Street      Hesperia      CA      92345  
Address      City      State      Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

\_\_\_\_\_ Name \$ \_\_\_\_\_ Amount

### 3. Payment Information

**Date and Amount of Payment** (other than travel) 11/25/2009 \$ \$3,000.00  
(month, day, year) (Round to whole dollars)

**Travel Payment Information** (Round to whole dollars) **Location of Travel** \_\_\_\_\_

                          \$                           \$                           \$                           \$                           \$                       
 Date(s) of Travel      Transportation Expenses      Lodging Expenses      Meal Expenses      Other Expenses      Total Expenses

**Provide a specific description of the nature and use of the payment for official agency business:**

One-time donation to MRMIB's Access for Infants and Mothers Program (AIM).

**Identify the officials for whom the payment was used:**

Last Name		First Name	Title	Department/Division
Last Name		First Name	Title	Department/Division

## 4. Verification

*I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.*

[Signature] \_\_\_\_\_  
Signature of Agency Head or Designee

Lesley Cummings \_\_\_\_\_  
Print Name

Executive Director \_\_\_\_\_  
Title

1/25/17 \_\_\_\_\_  
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)